



# Marycrest Senior Campus

1607 West 12<sup>th</sup> Street Davenport, IA 52804

Phone: 563-528-0491

Fax: 563-322-1682



## Application Instructions

Enclosed is an application for Marycrest Senior Campus, St. Katherine's Apartments, or Petersen Commons Assisted Living.

Please answer all questions thoroughly and return the application as soon as possible. Please be sure to sign, "General Authorization for Release of Information" and print your name neatly so we can read the correct spelling of your name. If there is an error or unanswered question on your application, we will return it to you for completion. When we receive your correctly completed application you will be put on the waiting list according to the date and time we receive it.

Please call the telephone number above if you have any questions regarding how to fill out the application.

Processing the application can take a few days up to a couple weeks depending on how quickly the banks and other financial institutions respond to the verification request. When your application has been approved, we will call you to arrange a meeting. You will be able to view a unit at this meeting if a unit is available.

### **ALL VERIFICATIONS MUST BE LESS THAN 120 DAYS OLD.**

**IMPORTANT: Along with your application please enclose copies of the following documents (We cannot process your application without them.):**

- Social Security card for all household members
- Driver's License or State photo I.D for all household members.
- Social Security or SSI Monthly Benefit Statement that shows your current gross monthly benefit amount. If you do not have a recent Benefit Statement, you may go to the Social Security office and they will print one for you. We cannot process your application without it.
- Pension recipients will need to provide recently dated verification from your pension plan showing the current gross amount of the benefit or a fax number we may send a verification form to.

**If you own real estate, we need:**

- Current statement from the Tax Assessors Office showing the Fair Market Value of your property or your current property tax statement showing the fair market value.
- Current statement from your mortgage company showing the current balance owed on your property.
- If you are using your real estate for rental income, we will need a copy of the lease between you and your tenant showing the rental amount they are paying you.
- If you have sold your property within the last two years, we will need a copy of the Bill Of Sale.

**If you are self-employed, we need:**

- A copy of your Federal Income Tax return **including Schedule C** for the last two years.



## APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in.

Property Name:		IFA Project Number:
Address:		

For Office Use Only:	Application Date:		Desired Move-in Date:		Pre-Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App <input type="checkbox"/>	Recert App <input type="checkbox"/>

Bedroom Size Requested:  1  2  3  4

Applicant Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

### HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Current Student Yes or No	Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled			
1.										
2.										
3.										
4.										

**Relationship to HOH:** H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above  
**Gender:** M -Male; F -Female NR -chose not to respond  
**Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed  
**Race:** 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 -Other; or 8 -Chose not to respond  
**Ethnicity:** 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond  
**Disabled:** 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)  
[http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pageName=regs_fhr_100-201)

**QUESTIONS** - Please check YES or NO to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months?  Yes  No  
 If Yes, explain: \_\_\_\_\_

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2. Is there anyone living with you now who won't be living with you at this property?  Yes  No  
 If Yes, explain: \_\_\_\_\_

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3. Do you have any minor children?  Yes  No
4. Are there any absent household members who normally would live with you?  Yes  No  
 If Yes, explain: \_\_\_\_\_

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5. Do any of the following statements apply to you:
  6. I have filed for bankruptcy  Yes  No
  7. I have been convicted of a felony  Yes  No
  8. I have been convicted for dealing or manufacturing illegal drugs  Yes  No
  9. I have been convicted of property damage  Yes  No



IOWA FINANCE  
AUTHORITY

10. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer)  Yes  No
11. Have you been a student in the past 12 months?  Yes  No
12. Are you currently a student or do you plan to become a student in the next 12 months?  Yes  No
13. Will you or anyone in your household require a live-in care attendant?  Yes  No
14. Will your household be receiving Section 8 rental assistance at the time of move-in?  Yes  No
15. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  Yes  No

\_\_\_\_\_  
Name of Current Landlord

\_\_\_\_\_  
Phone Number

How long have you resided at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Amt. of Rent/Payment: \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS** (Provide information on 2 previous addresses where you have resided)

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

**HOUSEHOLD INCOME INFORMATION** (NOTE: All information will be verified by a third party)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14.	Regular payments from rental property (land contracts or other real estate transactions	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	If Yes, Please explain: _____			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.



Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)			
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	

**HOUSEHOLD ASSETS (NOTE: All information will be verified by a third party)**

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > \$500)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)			
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:



If Yes was answered to Question 10, Please complete the following:

I/we certify that I/we  have or  have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

**APPLICANT RESPONSIBILITIES:**

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

**SIGNATURE:**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**PROGAM INFORMATION:**

Would anyone in your household benefit from a wheelchair or other handicapped accessible unit?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, would you like to request an adapted unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a pet?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type of pet do you have? \_\_\_\_\_

Do you have a service animal?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type of service animal do you have? \_\_\_\_\_

**TENANT INFORMATION:**

Email Address: \_\_\_\_\_

**Emergency Contact:**

List someone in the area that is not already a household member.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_



# Credit/Criminal Records Consent Form

## Head of Household

I \_\_\_\_\_  
(PRINT please) Last Name First Middle Maiden

have made application for housing with Pioneer Properties.

My current address is \_\_\_\_\_  
Street  
City State Zip

My previous address was \_\_\_\_\_  
Street  
City State Zip

My Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

My Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

### Release

I hereby authorize Pioneer Properties to obtain my entire criminal history including arrests and convictions for the purpose stated above. I also acknowledge that Pioneer Properties will check my credit and check to see if I am a registered sex offender. I acknowledge that a photocopy or facsimile copy of this release shall be as valid as the original.

\_\_\_\_\_  
Complete Legal Signature of Applicant Date

## Secondary Applicant and or Spouse

I \_\_\_\_\_  
(PRINT please) Last Name First Middle Maiden

have made application for housing with Pioneer Properties.

My current address is \_\_\_\_\_  
Street  
City State Zip

My previous address was \_\_\_\_\_  
Street  
City State Zip

My Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

My Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

### Release

I hereby authorize Pioneer Properties to obtain my entire criminal history including arrests and convictions for the purpose stated above. I also acknowledge that Pioneer Properties will check my credit and check to see if I am a registered sex offender. I acknowledge that a photocopy or facsimile copy of this release shall be as valid as the original.

\_\_\_\_\_  
Complete Legal Signature of Applicant Date

# UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: \_\_\_\_\_

I am currently unemployed:  YES  NO

I work on a seasonal basis depending on the time of year:  YES  NO

I receive benefit income such as unemployment, disability, workers compensation:  YES  NO

**[ ] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment**

I have been unemployed for \_\_\_\_\_ years and \_\_\_\_\_ months  
My last job paid \$ \_\_\_\_\_ per hour and I worked \_\_\_\_\_ hours per week

**\*\*\*Please complete either Section A, B, or C as applicable\*\*\***

## Section A

I [print name], \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

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## Section B

I [print name], \_\_\_\_\_, state that I am currently unemployed but am aware of an employment start date of \_\_\_\_\_ at \$ \_\_\_\_\_ per \_\_\_\_\_.

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## Section C

I [print name], \_\_\_\_\_, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ \_\_\_\_\_ from anticipated employment over the next twelve months.

*(Please supply documentation to support this, such as previous tax returns and/or W-2)*

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I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_





# General Authorization for Release of Information



**CONSENT:** I authorize & direct any Federal, State or local agency, organization, business or individual to release to & verify my application for participation, and/or to maintain my continued assistance under the section 8, Rental Rehabilitation, Low-Income Public & Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development in administering and enforcing programs, rules and policies. I also consent to release information from my file about my rental history and any violations of my lease or occupancy policies. I also consent to release information from my file about my rental history to credit bureaus, collection agencies or future landlords, including my payment history and any violations of my lease or occupancy policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                  |                             |
|----------------------------------|-----------------------------|
| Identity & Marital Status        | Employment, Income & Assets |
| Medical or Child Care Allowances | Credit & Criminal Activity  |
| Residences & Rental Activity     |                             |

**GROUP OR INDIVIDUAL THAT MAY BE ASKED:** The groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

- |  |  |
|--|--|
| Previous Landlords (Including Public Housing Agencies) | Past & Present Employers                 |
| Courts & Post Offices                                  | Welfare Agencies                         |
| Schools & Colleges                                     | State Unemployment Agencies              |
| Law Enforcement Agencies                               | Social Security Administration           |
| Medical & Child Care Providers                         | Support & Alimony Providers              |
| Retirement Systems                                     | Veterans Administration                  |
| Utility Companies                                      | Banks & Other Financial Credit           |
| Providers & Credit Bureaus                             | Intuitions: <b>Excludes</b>              |
|  | <b>authorization to charge for VOD's</b> |

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Tenant/Applicant's Signature

\_\_\_\_\_  
Co-Tenant/Co-Applicant's Signature

\_\_\_\_\_  
Address City Sate Zip

\_\_\_\_\_  
Print Tenant/Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Tenant/Applicant's Name

\_\_\_\_\_  
Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "request a copy of tax form" must be prepared and signed separately.

# Student Status Certification



Property Name:	
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable (note that "student(s)" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A.  Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.  Household contains all students, but the following occupant(s) is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.

	PT Student Name:
1.	
2.	
3.	
4.	

- C.  Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa --provide TANF award letter or 3<sup>rd</sup> party verification)?  (YES)  (NO)
  2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)  (YES)  (NO)
  3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)  (YES)  (NO)
  4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  (YES)  (NO)
  5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)?  (YES)  (NO)
- D.  No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
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LIHTC  
For Office Use Only:

Date Reviewed	Date Approved	Effective Date	
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### MARITAL STATUS FORM

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:		IFA Project #		Date:	
Applicant/Tenant:		SSN:		Apt. #:	

- Married       Single       Divorced       Widow       Separated

If divorced, please attach a copy of the recorded legal agreement.

- Y     N    A.) Are you legally separated from your spouse?  
If "Yes", please attach a copy of your current legal separation agreement.

If "No", please continue with questions b, c, and d.

B.) My reasons for not pursuing legal action are:

\_\_\_\_\_

C.) My future plans for pursuing legal action are:

\_\_\_\_\_

D.) I currently receive \$\_\_\_\_\_ per  week  month  year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).

\_\_\_\_\_  
\_\_\_\_\_

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**ALIMONY/CHILD SUPPORT SELF-CERTIFICATION**  
**(For All LIHTC and HOME Projects)**



*Complete one form per household member who is eligible to receive alimony and/or child support.  
 Please attach any court documentation you have that supports your position.*

<b>Property Name:</b>	<b>IFA Project #:</b>
<b>Household Name:</b>	<b>BIN &amp; Unit #:</b>

Case Number(s) \_\_\_\_\_

List Covered Dependent(s) (if applicable) \_\_\_\_\_

		<u>Amount</u>	<u>Frequency</u>
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support:	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<hr/>			
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support:	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<hr/>			
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded.		

If either 2 or 3 are selected above, describe attempts to collect the full amount of alimony and/or child support awarded. Attach supporting documentation or narrative if necessary.

\_\_\_\_\_

4.  I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.

\_\_\_\_\_

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

\_\_\_\_\_  
 Applicant/Resident Signature

\_\_\_\_\_  
 Date

# Under \$5,000 Asset Certification\*



IOWA FINANCE  
AUTHORITY

For households who combined NET assets DO NOT exceed \$5,000.  
Complete one form per household; include assets from children of the household

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

**1. My/our assets include:**

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments
(Name of Asset)								
			Whole Life Insurance Policies					
			Other Retirement/Pension Funds					
			Personal Property held as an Investment***					
			Any account only accessed through a debit card#					
			Other (Attach list if necessary)					

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

\*\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*\* Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

# Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

**2. Disposed Assets**

(YES)  (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

**3. No Assets**

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$\_\_\_\_\_. This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
Applicant/Resident Signature	Date	Applicant/Resident Signature	Date

\*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements

# UTILITY CONSUMPTION RELEASE CERTIFICATION

RETURN TO:

Date: \_\_\_\_\_

MARYCREST SR. CAMPUS

1607 WEST 12<sup>TH</sup> STREET

Phone #: 563-528-0491

DAVENPORT, IA 52804

Fax #: 563-322-1682

Applicant/Participant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

The owner or management company must review the utility usage of each household in the apartment community. This information is used to calculate the utility allowance portion that is allocated to your apartment type. In order to keep the allowances as close as possible to the actual utility consumption, the data must be reviewed for every occupied apartment.

Completion of this form will allow the local utility company to release to the owner or Management Company, your household's utility usage at any time during your residency. The released consumption amounts will be gathered on an annual basis and will be averaged for each type of apartment size. The current utility allowance(s) will be adjusted according to documentation provided by the utility company.

.....

Will you be running an air conditioner in your apartment during the summer months? YES\_\_\_ NO\_\_\_

I hereby certify that the information provided is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Street Address of Apartment: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Signature of Head of Household: \_\_\_\_\_